

## General Leave of Absence Information

Human Resources will determine the type leave for which you are eligible. If you are a classified employee, contact Costa Niemeyer at 472-4051 or Gloria Cagle at 472-4054. If you are an educator, contact Cindy Cuthill at 472-4052 or Linda Marlin at 472-4053. You may also contact Ann Leslie in payroll at 472-4016.

The type leave and whether it is compensated or uncompensated determine how your insurance is affected. When you go on leave, you may continue or terminate any or all of the insurance coverage that you have at the time you go on leave. If you discontinue any benefits while on leave, you may resume the coverage by requesting to do so upon your return from leave; however, if you discontinue any voluntary benefits, you may have to provide evidence of insurability in order to re-enroll in those benefits. If you terminate your spouse's medical coverage and re-enroll him when you return to active status, the new Spousal Rule that went into effect January 2, 2007 will apply to you.

If you are eligible for Family and Medical Leave, the county will continue your insurance benefits just as if you were an active employee. You must pay for the employee-paid benefits that you choose to continue just as if you were an active employee. As long as you are compensated, insurance will be deducted from your payroll checks.

If your leave or part of your leave is uncompensated, the Benefits Dept. will contact you with information about your insurance and the rates that apply while you are on uncompensated leave. You will need to mail a check made payable to **Williamson County** to pay for your insurance.

If you want to add a dependent to your medical and/or dental plan, please complete the medical and/or dental enrollment form(s) and return to the Benefits Department within 31 days of the birth of the baby. You will also need to send a copy of the certificate that you get from the hospital verifying the birth. The Mother's Copy from the Tennessee Dept. of Health can also be used to verify the birth. Any addition may change the insurance rates that were given you prior to the addition of the dependent. If rates change, you will receive a revised payment plan letter.

Rates for 2007		FMLA(Compensated or Uncompensated)		
		Compensated Leave/Sick Bank--Per Pay Period		
	Deductible	Co-Pay	Dental	In-Hospital
Employee Only	\$ -	\$ -	\$ -	\$ -
Employee +1	\$ 58.11	\$ 41.06	\$ 8.56	
Family	\$ 110.93	\$ 78.38	\$ 8.56	\$ 9.00
EE + 1--Spousal Rule	\$ 118.11	\$ 101.06		
EE + Fam--Spousal Rule	\$ 170.93	\$ 138.38		
Rates for 2007		Uncompensated FMLA Ineligible Leave--Monthly		
	Deductible	Co-Pay	Dental	In-Hospital
Employee Only	\$ 220.12	\$ 166.37	\$ 11.04	\$ 10.00
Employee +1	\$ 462.24	\$ 349.38	\$ 35.72	\$ 15.00
Family	\$ 682.36	\$ 515.75	\$ 35.72	\$ 15.00
EE + 1--Spousal Rule	\$ 562.24	\$ 449.38		
EE + Fam--Spousal Rule	\$ 782.36	\$ 615.75		

**We will prorate uncompensated FMLA Ineligible leave rates if you are on uncompensated leave for only part of a month (1 - 2 weeks 1/2 month; 3 - 4 weeks full month).**

When you are approved for your leave, Human Resources will send me a copy of the letter of approval, and I will contact you. If you have any other questions, don't hesitate to contact me; however, please keep in mind that I can't give you specifics about your insurance until I receive information from Human Resources.

Gayle Hickman, Benefits Coordinator  
Williamson County Benefits Department  
1320 West Main Suite 204B  
Franklin, TN 37064

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[www.williamsoncounty-tn.gov/mybenefits](http://www.williamsoncounty-tn.gov/mybenefits)

